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January 23, 2004

Raymond Allan Pickup

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Filing Date

REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

AND CHANGE OF	Art Unit	3725 Crane, Daniel C.			
CORRESPONDENCE ADDRESS	Examiner Name				
	Attorney Docket Number	075200.0101			
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for th all the attorney/sagents of record.	e above identified patent appl	ication, and			
the attorneys/agents (with registration nur	mbers) listed on the attached	paper(s), or			
the attorneys/agents associated with Cus	tomer Number	023640			
NOTE: This box can only be checked wh practitioners associated with a custo		ecord in the application is to all the			
The reasons for this request are: Client has own ann	uity service				
CORRES	SPONDENCE ADDRE	SS			

2. Change the cor	respondence address and direct all fi	uture co	rrespond	ence to):				
The address associ	iated with Customer Number:								
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Firm or Individual Name	Dennemeyer & Co. LTD.								*
Address	Regent House, Heaton Lane								
City	Stockport	State	Cheshire	,			Zip	Sk4 1BB	
Country	United Kingdom								
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Signature ()									
Name Paul R. Morico	1000			Regis	tration	No.	35,960		
Date November 17, 2006			Telephone No.			713 229-1234			

The correspondence address is NOT affected by this withdrawal.

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days beti date of a time period for response or possible extension period, the request to withdraw is normally disapproved. The collection of information is required by ST CFR 13.6 The information is required coldwin or retain between the pipe public which is to River by the USFD to proceed a supplication. Confident information is required by the USFD to proceed a supplication. Confident information is required by the USFD to proceed a supplication. Confident information is the completed application from the USFD. There will very depending upon the individual case. Any comments on the amount of the proper our require to complete his flowm and/or suggestants for reducing this burdon, should be sent to the Chief information Officer. U.S. Patient and Taidemark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS.